

CONFERENCE/SPECIALIZED TRAINING REQUEST

Date:

To:

Thru:

From:

RE:

Conference

Location

Date(s)

Reason(s) why training/attendance is requested:

Costs:

Registration _____
Lodging _____
Per Diem _____
Transportation _____

Transportation Mode:

- Airplane
 Personal Vehicle
 State Vehicle

Total Estimated Cost _____

No cost to the agency: _____(responsible for costs)

Paid by: _____
(Division/Unit/Association/Organization/Other)

Note: All out of state travel requires agency director approval, regardless of agency expense or not.

Check (✓) below where request has been reviewed and approved/denied:

_____ Supervisor/Facility head	_____ Approved	_____ Denied	_____ Date
_____ Administrator, as applicable	_____ Approved	_____ Denied	_____ Date
_____ Division Chief /Head	_____ Approved	_____ Denied	_____ Date
_____ Chief of Staff/Operations	_____ Approved	_____ Denied	_____ Date
_____ Agency Director	_____ Approved	_____ Denied	_____ Date